

BARBARA K. CEGAVSKE Secretary of State 202 North Carson Street Carson City, Nevada 89701-4201 (775) 684-5708

Website: www.nvsos.gov

Registered Agent Acceptance

(PURSUANT TO NRS 77.310)

This form may be submitted by: a Commercial Registered Agent, Noncommercial Registered Agent or Represented Entity. For more information please visit http://www.nvsos.gov/index.aspx?page=141

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

Certificate of Acceptance of Appointment by Registered Agent

| | | | | , , | • | <i>-</i> |
|--------------------------|--|---|-----------------|--------------------------------|--------------|----------------|
| In the | matter of | | | | | |
| | Name of Represented Business Entity | | | | | |
| Ι, Γ | | | | | | am a: |
| •, | N | ame of Appointed Registered Agent OR | Represented F | Entity Serving as Own <i>F</i> | \gent* | |
| (comple | ete only one) | | | | | |
| a) |) comr | nercial registered agent listed w | /ith the Nev | ada Secretary of S | State, | |
| b) |) nonce | ommercial registered agent with | n the following | ng address for se | rvice of pr | ocess: |
| | | | | | Nevada | |
| | Street Addre | rss | City | | | Zip Code |
| | | | | | Nevada | |
| | Mailing Addr | ress (if different from street address) | City | | _1101444 | Zip Code |
| c) | represented entity accepting own service of process at the following address: Title of Office or Position of Person in Represented Entity | | | | | S. |
| | | | | | Nevada | |
| | Street Addre | ess | City | | INEVAUA | Zip Code |
| | | | | | Nevada | |
| | Mailing Addr | ress (if different from street address) | City | | | Zip Code |
| and hereby state that on | | | I accepte | ed the appointmen | ıt as regist | ered agent for |
| the ab | ove name | d business entity. | - • | • • | J | J |
| X | | | | | | |
| Authori | zed Signature | e of R.A. or On Behalf of R.A. Company | | Date | | |
| *If c | hanging Re | egistered Agent when reinstatin | g, officer's s | signature required | - • | |
| X | | | | | | |
| Sign | ature of Office | er | | Date | | |